

**Signature of Licensee** 

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

## MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS

4201 Patterson Avenue, Baltimore, Maryland 21215

## APPLICATION FOR INACTIVE STATUS

NAME:LICENSE NO:			
HOME ADDRESS:			
TELEPHONE NUMBER: HOME ()	WORK ()	CELL()	
EMAIL ADDRESS:			
my knowledge and belief are true Inactive Status, I may not practic comply with Maryland Annotate 10.29.04.02. I will contact the Maryland the license and will contact the license and will be also and license and l	te, correct, complete, and make mortuary science or funered Code, Health Occupation laryland Board of Morticians omply with all procedures for	rtify that the above statements, to the best of ade in good faith. I understand that while or ral direction in the state of Maryland. I will Article, Title 7, §7-321 and COMAR as and Funeral Directors when I decide to or reactivation. I understand that the practice cense is a violation of the Morticians Act.	n

**Date** 

## **APPLICATION FOR INACTIVE STATUS - continued**

STATE:		
CITY/COUNTY:		
I HEREBY CERTIFY that on this day of	_, 20	, before me, a Notary
Public of the State and City/County aforesaid, personally appeared		and
made oath in due form of law that signing the foregoing Application	for In	active Status was the
voluntary act and deed of		
AS WITNESSETH my hand and Notarial Seal.		
SEAL		
Notary Public		
My Commission Expires:		